

The New Role of Dentistry in Nutrition and Nutrition in Dentistry

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No one any longer doubts the importance of nutrition in the scheme of one's health. What baffles everyone is how to easily implement this vast subject, this critical subject, this subject that pervades everything we are and everything we do.

Expensive labs tests are static pieces of information that detail the moment only. They are cumbersome and difficult to interpret as well as being subject to the vagaries of the laboratory's techniques. Besides, which tests should one prescribe, use, integrate or rely on?

How can one determine a patient's nutritional status without resorting to the suspicions of high tech and the inabilities of the doctor to use the data gotten from all of those blood tests, urinalyses, hair samples, fecal samples and cell smears? Can the subject of nutrition ever be handled easily in the doctor's office without employing the computer to generate numbers that digitalize and confound and confuse us?

Not that the numbers and results don't give us valuable information, it's just that the results are not informative enough and the results are not used well enough because their meanings are not always apparent.

The answer and the relief and the hope all come surprisingly from the profession of Dentistry. However, this is not the dentistry to which one has become accustomed. This is not the dentistry that is ubiquitous. This is not the brand of dentistry that is based on the dentist's skills at fixing teeth (though those skills and talents certainly do retain importance).

This is not the "teeth&gums" brand of dentistry that everyone knows

Every dental practice in the United States has been built almost entirely on the aspects of the dentist's training that dealt with mechanically fixing teeth and gums. Yet, of a dentist's entire professional education, only about 20% was mechanical, fix-it training. It's the other 80% that separates the doctor from the technician. Tragically, it's that critical 80% that's shelved and ignored to forgotten once the dentist hangs his shingle and begins to practice.

In addition, by law, ethics, professional standards and moral restrictions, there is very little leeway when it comes to fixing teeth. A dentist cannot stray too far from narrowly defined and accepted standards before he finds himself in malpractice and negligence territory. In theory, no matter where one goes, one should be able to get the same level of technical care anywhere in America, regardless of price. That makes Dentistry a commodity. (Of course, that's only theory and real life differs).

We may be giving the insurance and managed care people too much credit here but, they may have recognized those conditions. Hence, they came in and charged lower fees. As far as the public knew, they were getting the same thing for less and price is only important when you know nothing else. (The public knows nothing else because dentistry is such a blind item).

Dentists complained because they were forced (no one really forced them) to accept fees lowered by about 40% and still had to comply with the technical standards. Before this, however, the dentist was charging doctor's fees and only delivering technician treatment. With

the insurance brand, dentists were getting what they deserved. They supplied “teeth&gums” dentistry and they got paid for “teeth&gums” dentistry.

Now there is another brand, one that incorporates the forgotten 80%. It delivers a much different level of care. Ethics prevents us from saying “better” or “superior” but it’s rather obvious. Fees are the doctor’s normal fees and are deserved because of the different level of care. The difference, however, far transcends the addition of the missing 80%. This new brand of dentistry encompasses the best of the marketing principles that emphasize the importance of interpersonal relationships. It also conjures the power of the formulae that made the great businesses of the world successful.

This is the young Microsoft, the unknown Snapple, the baby IBM and the just-beginning Starbucks. It is poised to change the entire healthcare system from the venue of the dental practice and promises to bring increased pride, stature, prestige and dignity to the individual offices that adopt this new approach to dental care.

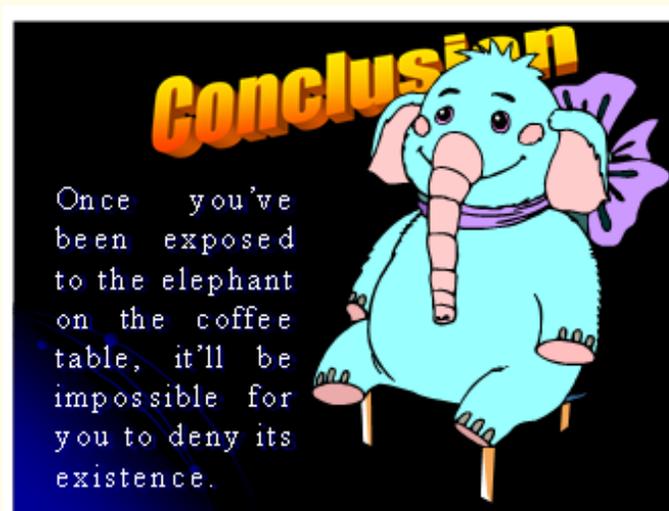
In fact, whenever the “teeth&gums” brand is judged against the new brand, the new approach is always seen as the obvious, more desirable choice - and it doesn’t matter whether the one judging is another dentist or the lay public.

One of the many differences is the examination

The newly upgraded practitioner evaluates about 30 things the “teeth&gums” dentist never sees, ignores, looks right passed or misinterprets. This “New Era” practitioner also evaluates the findings with an entirely new philosophy that cannot be denied. This new philosophy is based on the essence of science (Quin’talano) which is: Keen observation with a trained eye and deft interpretation with an educated mind.

It doesn’t take much longer to do (about 2 additional minutes), involves no special equipment or gadgetry, costs no more to perform and reveals much crucial information that was heretofore unseen. It wasn’t hidden, just unseen, like the elephant on the coffee table that nobody sees (that everyone refuses to acknowledge).

Hence, the logo:



This examination had originally been deemed the “New-Eyes” Dental Examination. It was called such because it’s like giving the dentist a pair of new eyes through which he can plainly see the elephant. Once acknowledged, it’s impossible to deny the elephant’s existence. Then, the dentist has a difficult decision to make: continue treating patients the old way in light of the faults and deficiencies now exposed or accept the New Era and react professionally to the clues unveiled and hints and signs that are right in front of the doctor’s eyes.

One of the advantages of the WIAN Oral (as opposed to Dental) Examination is the ability to accurately (and immediately) determine the patient’s nutritional status. While this examination/evaluation process will not tell you if the patient needs an additional 10 mg of Vitamin C or any such thing (which you will see makes little sense), it will provide an accurate evaluation of the patient’s nutritional status.

This examination/evaluation is repeatable, reliable and accurate. It costs little or nothing extra and provides a valuable additional service to the patient. It gives the practitioner another view of the patient’s health and is a method - the method - of measuring nutritional status.

This is very important because a nutritionally strong person will heal better and will not as readily succumb to secondary infection. It would be wise to assess the patient’s nutritional status before any traumatic, invasive or long-term treatment is considered in any medical discipline.

Because it is not easy to look inside the arm or lung or kidney but it is easy to see inside the mouth, an enlightened and revealing oral examination should be a matter of course in the definitive evaluation of the health of the patient. Only a dentist has the background to perform such an examination/evaluation.

What needs to be done is train the dentist to use the other 80% and bring that into focus when treating a patient. Reliance solely and totally on the mechanical aspects of the dental education is fraught with inconsistencies and diminishes the true value of the dentist’s worth. In turn, it decreases the benefits the patient receives and maintains the stature of the dentist in the realm of master technician while the deeper value of “doctor” is lost.

When the medical community begins to realize the value a dentist can bring to patient care by upgrading to the true practice of dentistry, the dentist will no longer be seen as merely a tooth carpenter and a gum gardener. In addition to the nutritional status evaluation, the WIAN New Era Oral Examination can reveal internal organ and biologic system dysfunction long before it shows in routine blood and urine analyses. While it may not be totally pathognomonic, the revelations are indicative and a compilation of examination results will point to the next step in the doctoring process.

What we have now is a dichotomy that is a disservice to the patient and confusing to all concerned. As an example, let us assume that on day one, the patient is seen by the medical doctor and is pronounced healthy. On day two, the patient is seen by the specially trained dentist and the following findings are noted:

There is a canker sore

Several teeth are loose

The fingernails lack luster

There is alveolar bone loss

The resting salivary pH is 6.0

The tongue quivers noticeably

There is a periapical radiolucency

There is a colored coating on the tongue

There are three new areas of dental caries

The labial frenum has an extra flap of tissue

The floor of the mouth is filled with blue-black spots

There are periodontal pockets with purulent exudates

The tongue has teethmark indentations on its side borders

The forehead has dry skin - as does the skin inside the ears

The fingernails are short and wide and have vertical streaks

The tip of the tongue is pointed and is red, like a strawberry

There are deep cracks in the tongue as well as a central groove

The earlobes have creases in them and there are many ear hairs

The fingernails have white spots and are lacking lunulae (half moons).

There is no way the dentist can pronounce this person healthy. One of the doctors is wrong. This presents a dilemma.

But “wrong” is not an accurate word in this case. The dentist’s evaluation is based on aspects of an examination that the physician rarely addresses. The dentist’s findings expose biological system dysfunctions that are not apparent from the tests and clinical observations made by the typical physician. By the time such problems appear in blood or urine studies, the destruction is more progressed.

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